SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16	☐ 17

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NAME OF COMMITTEE (In Full)
Texas Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Anthony J. Jennings

Mailing Address 15827 Sylvan Lake Dr

City	State	Zip Code
Houston	TX	77062-4795

FEC ID number of contributing federal political committee.   C

Name of Employer
Synergy Radiology Associates

Occupation
Physician

Receipt For:
☐ Primary   ☐ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2012
Transaction ID : 44014539

Amount of Each Receipt this Period
300.00

Aggregate Year-to-Date ▼
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark J. Kubala

Mailing Address 5235 Merlot Dr

City	State	Zip Code
Beaumont	TX	77706-2577

FEC ID number of contributing federal political committee.   C

Name of Employer
American Association of Neurological S

Occupation
Physician

Receipt For:
☐ Primary   ☐ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2012
Transaction ID : 44014541

Amount of Each Receipt this Period
300.00

Aggregate Year-to-Date ▼
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Josie S. Timm

Mailing Address 4212 San Fellipe Ste 454

City	State	Zip Code
Houston	TX	77027-2092

FEC ID number of contributing federal political committee.   C

Name of Employer
J.S. Timm, MD PA

Occupation
Physician

Receipt For:
☐ Primary   ☐ General
☐ Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2012
Transaction ID : 44014546

Amount of Each Receipt this Period
300.00

Aggregate Year-to-Date ▼
300.00

SUBTOTAL of Receipts This Page (optional)...► 900.00

TOTAL This Period (last page this line number only).............................►

FEC **Schedule A (Form 3X)** Rev. 02/2003